

Packet (Rev. 11/2014)

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:

Statement of Committee Organization

1.	Statement Information		
	Date: 04/01/16		
	Type: New Amended (if amending, enter MEC ID	111040 & section cha	anged)
2.	Committee Information		
	Seniors Count Campaign Committee	·	
	Name of Committee		014 410 1014
	PO Box 771436, St. Louis, MO 63177		(314) 412-1914 Telephone Number
		St. Louis County	
		County Clerk or Board of Election Commission	ners
	Committee Type: 🗸 Campaign 🔲 Candidate 🔲 Continuing	(PAC) Debt Service Explo	pratory Political Party
3.	Treasurer/Deputy Treasurer Information	,	
	Michael Heselbarth	reconstruction to the term	
	Treasurer's Name (First & Last)	000 005 0050	coc 700 0151
	161 Timber Meadows Drive, O'Fallon, MO 63368 Treasurer's Mailing Address, City, State, & Zip	(636) 265-2953 Treasurer's Home Telephone Number	(636) 733-0151 Treasurer's Work Telephone Number
	Jamie Opsal	·	TESSET, S TYOTH TELEPHONE TRAINER
	Deputy Treasurer's Name (if one appointed)		
	75 Lanchester Court, St. Peters, MO 63376	(636) 240-5813	(314) 412-1914
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	
_	CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No		
ב	Official Bank Account Information (required by all committees)	
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6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
		()	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	niy)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
	Senior Services Propositions	11/08/16 St. Louis City and County, St. Charles County	Support
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all com	mittees)	:
			to true and accurate
	■ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	W11/4		
	Committee Treasurer	Candidate (Candidate Committees Only)	
MQ	300-1308 Form must be completed in full & contain or		not accepted. Page 1 of 3